should state Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. A PERMANENT properly classified. certificate. -TIIIS AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PLAIN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 10616 |
| County Itoward. | Registration Dist. No. |
| Village or City Glenela | NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | |
| 2. FULL NAME Sheudan anders | ou |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| PERSONAL AND STATISTICAL PARTICULARS | 21. DATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married | (Month) (Day) (Yaar) |
| 5a. If marriad, widowad or divorced HUSBAND of Justipalina Thangon (or) WIFE of | 22. I HEREBY CERTIFY, That I attinded allows the state of |
| July 1 1903. | , 19 , to, 19, 19 |
| 6. DATE OF BIRTH (month, dey, end yaar) 2 . Lecus | I last sew h. Lative on guilty, 19 ; daath is said |
| 7. AGE Yaars Months Oaks If LESS than 1 day,hrs. | to have occurred on the data state obove, at 12/03 in. |
| 28 29 3 ormin. | The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca ware as follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. | Xelf inflicted gene |
| SAWYER, BOOKKEEPER, atc. | |
| ork was dona, as SILK MILL, | and would us |
| O TO. Date decaased last worked at 11. Total time (yaars) | lett treast |
| this occupation (month end spant in this occupation | |
| 12. BIRTHPLACE (city or town) Than lavel | Other Contributory Causes of importanca: |
| 1 | |
| E | Neme of operation Data of |
| [State or country] | Whet test confirmed diagnosis? Was there an autopsy? |
| IS. MAIDEN NAME Mukenow | 23. If daath was due to external causes (VIOL ENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) luks wow | Accidant, suicide, or homicida? Seurice Oate of injury Wor. 9, 1901 |
| S (Stata or country) | Where did injury occur? Howard County mary long |
| 17. INFORMANT Orthur Thompson | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury 12 gauge what grew would. |
| Place novelure Cero Data 11- 12, 1931 | Neture of Injury |
| 19. UNDERTAKER FR. Lag who thou | 24. Wes disaase or injury in any wey ralated to occupation of dacaasad? 26- |
| (Address) Clercott Sita | If so, specify |
| 20. FILEO MARGO 1921 H a MINISTERS | (Signed) Firank G. Smith withy Coroner M. D. |
| Resistrar. | (Address) Sistan, med, |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | | | |
|--|--|---|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | | |
| 1921 | Run over by street car | 1 week ago | | |
| July 5,1927 | Peritonilis' | 3 days ago | | |
| May 1,1923 | Other contributory causes of importance: | 1 year | | |
| The state of the s | 1915 1921 July 5,1927 | of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: | | |

should be stated EXACTL' CORD MARGIN RESERVED FOR Every Item of information should be carefully supplied /ITH UNFADING INK--THIS WRITE PL

02

| PERSONAL AND STATISTICAL PARTICUL 3 SEX 4 COLOR OR RACE MARRIED, WANDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE 8 OCCUPATION (a) Trade, profession or Washington (b) General nature of industry business, or establishment in Wash. Namy a which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEE (Informant) | | |
|--|--------|--|
| 3 SEX 4 COLOR OR RACE MARRIED, MARRIED, MODOWECO. OR DIVORCED (Write the word) 5 DATE OF BIRTH (Month) (Day) 7 AGE 8 OCCUPATION (a) Trade, profession or Machinet Helpharicular kind of work (b) General nature of industry business, or establishment in Wash. Many Machinet employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED | | 2FULL NAME William |
| MARRIED, WOOWED OR DIVORCED (Write the word) 8 OCCUPATION (a) Trade, profession or Machinet Mely particular kind of work (b) General nature of industry business, or establishment in Wash. Namy which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED | | PERSONAL AND STATISTICAL PARTICU |
| (Month) (Day) 7 AGE 8 OCCUPATION (a) Trade, profession or Machinet Help particular kind of work (b) General nature of industry business, or establishment in Wash. Namy which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED | 3 5 | MARRIED, WIDOWED, OR DIVORCED |
| 8 OCCUPATION (a) Trade, profession or Machinet Help particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED | 6 1 | May 9 3 |
| B OCCUPATION (a) Trade, profession or Machinet Help particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) 10 NAME OF FATHER State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED | 7 / | d2 6 1 |
| TATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED WAY. TAMME E. C. | (b) v | b) General nature of industry pusiness, or establishment in Wash. Navy Which employed or (employer) |
| OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED WAY. TARRES 2. Company Tarres 3. Company Tarres 4. Company Tarres Tarr | | |
| 12 MAIDEN NAME CLICALISM WATER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED WWW.) TARRING E. Com | - | |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED WWW.) 700000000000000000000000000000000000 | Z | 11 BIRTHPLACE OF FATHER OF FATHER OF FATHER |
| (Mrs.) Francis E. Con | ARENT | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 11 BIRTHPLACE OF FATHER (State or country) |
| | ARENT | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER LEADEN LEADEN |
| | PARENT | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| St.: War | | occurred in |
|----------|------------|---------------|
| | tion, give | its NAME is - |

number.)

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH and that death occurred on the date stated above The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary (Signed) .192 (Address) Disease Causing Death, or, state (1) Means of Injury *State the m deaths from Violent Causes, and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the At place of death Where was disease contracted, if not at place of death? usual residence OF BURIA ADDRESS

If more blanks are needed, address State Registral, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year) If LESS than

min.?

I day hrs.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Civil engineer, Housemaid, etc. Foreman, For many occupations a single word or term on or Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation (b) Stationary fireman, etc. But in many If the occupation has been change Automobile factory. The material Locomotive (b) The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

felanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drowning; Struck by railway traincan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; If this certificate is looked over thoroughly and all questions perilonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature Chronie affection need etc. valvular heart Always qualify all The contributory disease; not be

AGE should be stated EXACTLY.

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.-WRITE PLAINLY,

PHYSICIANS should state

Exact statement of OCCUPA-

| STATE OF MARYLAND | CERTIFICATE OF DEATH 13214 |
|--|---|
| 1. PLACE OF DEATH | 10614 |
| county Howard | Registration Dist. No. 24 191 |
| Village or City Ellicott Coty | No. Milton Ellicott lowy St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. | |
| 2. FULL NAME Allie Brown 680 | mwell |
| (a) Residence: No. Allicost (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White | 21. DATE OF DEATH (Month) 9 (Day) (Teft) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE OLG & H Connell | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) | I last saw hard alive on 1901, to 1907; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 12 1775 (6' G. Mu |
| 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or particular | Combal Journhy Date of onest |
| NOTE AND SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWYER, BOOKKEEPER, etc SAWMILL, BANK, etc 11. Total time (years) | |
| 11. Total time (years) this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance: |
| (State or country) Semewille MA | Reval Disease of lang |
| 13. NAME John Brow | duration / |
| 13. NAME John Brow | Name of operation |
| (State of Country) Lewis Country | What test confirmed diegnosis? |
| T TOTAL TOTAL | 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: |
| [State or country] Telm Cume to Ma | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT Churles Crumwell Jr | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place ONLY Coatheskel Dete how 28, 1931 | Manner of injury |
| 19. UNDERTAKER Sensif Menkin Scho. | 24. Was disease ex injury In eny way releted to occupation of deceased? |
| 20. FILED Ano 28, 1931 WIN Trissel | (Signed) M. Jan wil M. D. |
| Registrar, | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i | Example II | | |
|--|----------------------------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | clerosis 1915 Attack of epilepsy | | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

S. No.

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should be carefully supplied. ACE should be stated EXACTLY, PHYSI-E OF DEATH in plain terms so that it may be properly classified. Exact is very important. See instructions on back of certificate. TH UNFADING INKitem statement Every it

| PLACE OF DEATH | STATE OF MARYLAND |
|--|---|
| County Forenel | CERTIFICATE OF DEATH |
| | Registration Dist, No. 192 |
| Village or City Provdstock No. | CA. (If death occurred in |
| 2FULL NAME amanda Fair | tion, give its NAME in |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 2 , 196 / |
| 6 DATE OF BIRTH LOC 9 , 185 (Month) (Day) (Year) | I HEREBY CERTIFY, That I attended the deceased from 1981, to 2, 1981, 1981, 1981, |
| 73 yrs. 10 mos. 23 ds. or min. | |
| (a) Trade, profession or particular kind of work (b) General nature of industry | M. Endocardilis |
| business, or establishment in which employed or (employer) | (Duration) yrs, mos ds, |
| 9 BIRTHPLACE (State or country) | Contributory Secondary (Durstion) |
| 10 NAME OF FATHER Puty Amilly | (Signed) Han & Shift M. D. |
| OF FATHER Z (State or country) Curnary | *Stato the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother hancy Carry | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) |
| 13 BIRTHPLAGE OF MOTHER (State or country) | At place of death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Former or rusual residence |
| (Informant) Miss Antitudy Cursum (Address) Doodstoels Mid | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Monant August Cunt 4.1931 |
| 15 Filed MY 3 1981 Edy + Can Ey | 20 UN DERTAKER ADDRESS CII TAN |

REVISED UNITED-STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census 2nd American Public Health Association.)

work, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mina, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; L. (secondary or intercurrent) Whooping unqualified, is indcfinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid by cough; Committee on Chronicchopneumonia (secondary), affection need not be etc. valvular heart Nomenclature Always qualify all The contributory Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED

Length of rasidenca in city or town whera daalh occurred vrs. mos. 2. FULL NAME Charles (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If merried, widowed, or divorcad HUSBANO of Clara (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) The 7. AGE 8. Trada, profassion, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Date decaased last worked at 11. Total time (yaers) this occupetion (month and spant in this occupation 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) (Stata or country) What test confirmed diegnosis?_____ Was there an autopsy?_ OTHER 15. MAIDEN NAME 23. If death was due to axtarnal ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Oate of Injury______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18, BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or Injury In any wey ralated to occupation of deceased?.... 19 UNDERTAKERS If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 days ago | |
| BURNATIVE | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| / III | 1 | ۲, |
|-----------------------------|--|--|
| | ILY VITH UNFADING INKTHIS IS A PERMA NT CORD | rmation should be carefully supplied. ACE should be stated EXACTLY, to CAUSE OF DEATH in plain terms so that it may be properly classified |
| m | LN | stated proper |
| N | A | d b |
| MARGIN RESERVED FOR BINDING | PERM | shoul it ma |
| R | A | ACE |
| F | SIS | 80 |
| ED | THIS | pije |
| ERV | X. | sup in te |
| ESE | Z | fully |
| 2 | N | are |
| GIA | AD | AT |
| AR | UNE | Pir |
| Σ | H | hor |
| | VII | USE |
| | S | CA |
| | E | For |

²FULL NAME PERSONAL AND STATISTICAL PARTICULAR 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIf LESS than I day hrs. min. BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) II BIRTHPLACE OF FATHER PARENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death OF MOTHER CIANS should statement of OC (State or country Where was disease contracted, if not at place of death?..... usual residence (Address) 20 MNDERTA Filed

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from, 192 that I last saw halive on and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows (Duration) vrs. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Ballo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept—1 ed term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); 1 Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary), valvular heart affection need not be etc. Nomenclature Always qualify all The contributory Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is beginning field.

| N | HYSI. | PLACE OF DEATH County Howard | 13217 STATE OF MARYLAND CERTIFICATE OF DEATH |
|------------------|---------------------------------------|--|---|
| ORD | Classified. | Village or City ElkrogeNo. | Registration Dist. No. O St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and |
| NT K | stated EX properly c | PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. | MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH |
| ERMAN | hould be to may be to on back o | MARRIED, WIDOWED, OR DIVORCED (Write the word) | (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from |
| FOR B | so that i | (Month) (Day) (Year) 7 AGE If LESS than I day hrs. | that I last saw h coalive on 1971, and that death occurred on the date stated above, at 1971, The CAUSE OF DEATH * was as follows: |
| SERVED NKTHIS | ly suppiled ain terms See instr | occupation (a) Trade, profession or particular kind of work | My did during |
| ADING II | ATH in plantortant. | (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | Contributory Secondary (Duration) 2 yrs. mos. ds. |
| MARG TH UNF, | should b | 10 NAME OF FATHER Henry Julial Kraft 11 BIRTHPLACE OF FATHER | (Signed) BRANCO Sh. M. D. M. D. (Address) Elprode my |
| O.Y.O. | CAUS | OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| E PLA | of inf of OCC | OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE GE | At place of death yrs |
| WRIT | CIANS she | (Address) Elpridge Tollis | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL POWN 17, 19.31. 20 INDERTAKER PROPERTY ADDRESS M. |

if more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm loborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plonter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, to report specifically the occupations of persons-enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many (b) materia Grocery; """Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ("crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. "(Exhaustion," "Heart failure," "Inamorrnage, "Shock," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomuse of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menledanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicularia," "Puerperal persondis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondar, Chronic interstitial nephritis, approved as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was "Uruemia, Whooping cough; (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature "" "Weakness," etc., when a definite disease or intercurrent) Chronic Example: Mcasles (disease affection need etc. valvular The contributory heart not be disease;

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| PLACE OF DEATH | STATE OF MARYLAND |
|---|--|
| County Howard | 13218 CERTIFICATE OF DEATH |
| 1 | Registration Dist. No. 190 |
| Village or City Waterlow (No. | /16.1 - 41 |
| 2FULL NAME Laura J. Laur | St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jemale White Single, Married. White Widowed. OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) U. (Day) (Sept.) |
| 6 DATE OF BIRTH (Month) (Day) (Year) | thet I last saw her alive on 193/ |
| 7 AGE If LESS than I day hrs. | The state of the s |
| 6 yrs. 6 mos. 4 ds. or min.? | A A A A |
| 8 OCCUPATION (a) Trade, profession or | received taemontage |
| particular kind of work (b) General nature of industry | No. |
| Dusiness, or establishment in which employed or (employer) | O A (Duration) |
| 9 BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF / | (Durstion) yrs. mos. ds. |
| FATHER Herry Milchard | (Signed) M. P. |
| 0 11 BIRTHPLACE OF FATHER | SCHOOL CANDING DOCK |
| C (State or country) | *State the Discase Causing Death, or, In deeths from Vfolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| of Mother Sallie J. Lambden | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- |
| 13 BIRTHPLACE OF MOTHER | ients or Recent Residents) At plece In the |
| (State or Country) | of deathyrsds. Stateyrsds. Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not et place of dea.h? |
| (Informant) W: 6. haukford | usual residence |
| (Address) Elleridge (Mil.19.72) | 10 course City led. 11/9/501. |
| 15 Filed Nov. 7 1931 & Bird Million Registrary | 20 UNDERTAKER Stevenson Pocomoke Lite |
| If more branks are needed, address tate Registrar | . 16 W. Seratoga St., Balto., Requesting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) For persons who have no occupation (b) Automobile factory. The Salesman, 6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need not be valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all quations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

53

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-A PERMANENT RECORD. Every item of Mfo CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS AGE should be mation should be carefully supplied. -WRITE PLAINEY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| 1. PLACE OF | | | (93 | (F) | | datasti a 5 | | 91 |
|---|---|---------------------------------------|--|------------------------|------------------------------|--------------|---------------------|------------------|
| County Howard | | | | | Reg | istration Di | st. No | <i>L</i> |
| Village or City | Ellicott | City | (16 | death occurred in a he | ospital or institution, give | its NAME | stead of street and | Ward d number) |
| Length of residan | ce in city or town where | death occurred | | | | | | |
| 2. FULL NAMI | E Joseph Le | evin | | | | | | |
| | No. 123 S. E | | Baltimore, | Mdt. | Ward. | | | |
| (a) Nesidence | No. 2004 | (Usual plac | e of abode) | | | | ve city or town a | nd State |
| PERSONA | L AND STATIST | ICAL PART | ICULARS | | DICAL CERTII | FICATE | OF DEATH | |
| Male 4 | COLOR OR RACE White | S. SINGLE, MA OR DIVORCE Single | RRIED, WIDOWED, ED (write the word) | 21. DATE OF | DEATH NOV | | (Day) | , 193. (Year) |
| 5e. If married, widowed, | or divorced | | | | | - | | |
| (or) WIFE of | | 1 4/ | | 22. I H | EREBYCE | | , That I attende | |
| | | un, | 897 | I leet sew h | alive on | | | |
| 6. DATE OF BIRTH (mo | nth, day, end yeer) Months | Aug - 1 | If LESS than | | n the date stated ebove | | | , 44411110 3414 |
| 34 | 3 | | 1 day, | | AUSE OF DEATH end r | | | |
| 8 Trade profession | on, or perticular | |) UI | wera es rollows. | 7.0 | . , | / | Date of onset |
| kind of wor SAWYER, BI | k done, as SPINNER, OOKKEEPER, etc | Plummer | | -// | y oca | rdi | to | 7 |
| kind of wor SAWYER, BI 9 Industry or bus work wes do SAW MILL, 10. Oeta deceased | 9 Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc. | | | | / | | | |
| | | Sp | time (years) cent in this cupetion | | | | | |
| 12. BIRTHPLACE (city of | r town) Baltin | | | Other Contributory | Causes of importance: | 1 | /_ | |
| (State or country | | | | na | u oor | out. | esum | Suneda |
| 13. NAME | Abraham L | evin | | | | | | |
| 14. BIRTHPLACE (c | | | | Nema of operation | | | Data of | |
| 1 (State of co | | | | What test confirma | d diegnosis? | | Wes there e | n autopsy? |
| 15. MAIOEN NAME | | | | | to axternel causes (VI | | | |
| 6 16. BIRTHPLACE (c | | | | | or homicide? | D | ate of injury | , 19 |
| 1 (5,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Where did injury of | (Spe | | own, county and S | |
| (Address) E | dward Day 11icott Cit | y, Md | | Specify whether in | jury occurred in INOUS | IRY, In HON | IE, OF IN PUBLIC | PLACE. |
| 18. BURIAL, CREMATIO Hebray, Her | n, or removal | Oate Nov | 16, 1931 | Manner of Injury | | | | |
| 19. UNDERTAKER | | euris. | | 24. Was disease or | injury in any wey relat | ed to occupe | tion of deceased? | |
| 20. FILED Nav | 16, 19 31 U | 74 Fr | soll | (Signed) | ess) Ellicott | (d) | Md Md | THE ME |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | 17.72 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstition nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of important: | | Other contributory causes of importance: | |
| Gallstones | Man 1,1923 | Gastraenteritis | 1 year |
| 14/ | | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 Howard of pluods Registration Dist. No. County Mayfield of (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U.S. if of foreign birth? vrs. mos. Length of residence in city or town where deeth occurred.... statement Harry W. Lord 2. FULL NAME Mayfield. Howard Co. Md. st. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) White November Male (Month) BINDING 5a, tf married, widowed, or divorcad HUSBAND of 22. I HEREBY CERTIFY. That I ettended decoesed from (or) WIFE of ___ to_____ November 9th/16 6. DATE OF BIRTH (month, day, end year) to have occurred on the date stated above, at 5-45 mb. 7. AGE Months Days If LESS than FOR stated I day, hrs 5 The PRINCIPAL CAUSE OF DEATH end reletad causes of importance 15 ormin. wera es follows 8. Treda, profession, or particuler Accidental death, by a 14 OCCUPATION kind of work done, as SPINNER, RESERVED Jo SAWYER, BOOKKEEPER, etc. gage gun in his possession may back Industry or business In which should work was done, as SILK MILL SAW MILL, BANK, etc the load of which entered Date deceased last worked et 11. Total time (yeers) his throat (Death immediate) this occupation (month end spant in this occupetion Other Contributory Causes of importance Howard County, MARGIN 12. BIRTHPLACE (city or town) (State or country) Harry W. Lord FATHER 13. NAME See 14. BIRTHPLACE (city or town) -- Delaware Neme of operation. in plain (State or country) carefully What test confirmed diagnosis? Was there en autopsy?. MOTHER 15. MAIDEN NAME Margaret Chambers 23. If deeth wes due to axternel causes (VIOLENCE) fill in elso the following: important Accident, suicide, or homicida? Accident Dete of injury Nov. 1 OF DEATH 16. BIRTHPLACE (city or town) Maryland (Steta or country) Whera did injury occur? May field, Howard Go I (Specify city or town, county and State) Lord Sr. Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT plnods very Sitting in cornhouse door Mavfield (Address) fathers farm Manner of injury Accidental 18. BURIAL, CREMATION LION Netura of injury gun shot wound in throat 24. Was diseese or Injury in eny way related to occupation of decased? 19 UNDERTAKER (Address) If so, specify Registrar.

(Year)

Date of onset

(Address) _

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Exa | imple I | | Example II | |
|---|----------------------|---------------|--|---------------|
| The principal cause of death of importance were as follow | n-and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | nen 4 1931 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | Den | July 5, 1927 | Peritonitis | 3 days ago |
| | BURMAU V. | | | |
| Other contributory causes of | f importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| • 000 | | | | |
| | | | | |

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| BHERRAT | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | 3 | |
| | | | |

A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WITH UNFADING INK-THIS IS TION is very important. -WRITE PLAINEY

MARGIN RESERVED FOR BINDING

V. S. No. 1

| | STATE O | F MARY | LAND- | CERTIFICATE OF DEATH | 22 |
|------------|---|----------------|------------------|--|-------------|
| 1. | PLACE OF DEATH | | | 92-0 | 2 |
| | County Area and. | | | Registration Dist. No. 19 | 2. |
| | Village or Tay Linkon | V, | | NoSt, | Ward |
| | Length of rasidance in city or town where da | aath occurred | / | death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foraign birth? yrs mos. | |
| 2. | FULL NAME Asabell | e 88.7 | 1. Pool | ٤, | |
| | (a) Residence: No. | | | St., Ward. | ******* |
| - | | (Usual place o | | If nonresident give city or town and State | 3 |
| | PERSONAL AND STATISTIC | | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SE | 4. COLOR OR RACE | | (write tha word) | 21. DATE OF DEATH Nov. = 8 = (Day) | (Yaar) |
| 5a. If | married, widowad, or divorcad | | | | |
| - | HUSBAND of (Or) WIFE of solow of Trans | is B. P. | oole, | 22. HEREBY CERTIFY. That I attanded dees | asad from |
| 6. DA | TE OF BIRTH (month, day, end year) | 1-1-4- | - 7 | Hast sawh er ativa on www 7, 1937; de | ath is said |
| 7. AG | E Yoars Months | Days | If LESS than | to have occurred on the data stated above, et a i_m. | |
| | 80 7 | 7 | 1 day,hrs. | Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows: | |
| 7 | 8. Trede, profassion, or perticular | , 0 | | Da | te of onset |
| 0 | 8. Trede, profassion, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. | 1 120-00 | el- | 0 1 1 1 | 0 |
| IPAI | Industry or business in which work was done, as SILK MILL, | | | Mutual Flenour | 1 |
| OCCUPATION | SAW MILL, BANK, etc | 11. Total tir | t in this | | |
| | year) | 06:01 | oation | Other Contributory Causes of importanca: | |
| t2. B | IRTHPLACE (city or town) | g | | 1 | |
| ~ | (State er country) | 11-11 | -/ | aproplety | |
| 빞 | 3. NAME Millow IV. | 2000 | e, | | |
| FATHER | 4. BIRTHPLACE (city or town) 2 | | A | Nama of oparation Date of | |
| | (State or country) | yeary | 7. | What tast confirmad diagnosis? | sy? |
| 出 | 5. MAIDEN NAME Jarah Co | 4. Mas | held, | 23. If daath was due to axtarnal causes (VIDL ENCE) fill in also the following: | |
| MOTHER | 6. BIRTHPLACE (city or town) | | - A | Accidant, sulcida, or homicida? Date of Injury | , 19 |
| Σ | (Steta or country) | rylan | L. | Whara did injury occur? (Specify city or town, county and State) | |
| 17. 11 | (Address) Lisbon | L'orle |), L. | Spacify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. | 94 |
| 18. B | URIAL, CREMATION, OR REMOVAL | 1 7. | 1 | Manner of injury | |
| | Place tarmy Bureal Fra | woods Nov | =/0=193). | Neture of injury | |
| 19. U | NDERTAKER 16 m. Mai | 2/3. | | 24. Was disease or injury in eny way related to occupation of dacaesad? | |
| | (Address) This field | ld, m | 1. | If so, specify | |
| 20. F | ILED,, 19 | / | Registrar, | (Signed) III Apagun | M. D. |
| - | | ~ | | | - |

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| BURLEAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE F | OR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|---------|------------|------------|----|-----------|
|------------|---------|------------|------------|----|-----------|

No

σå

- B

| PLACE OF DEATH | STATE OF MARYLAND |
|--|--|
| County 30 oward 60. | CERTIFICATE OF DEATH |
| al las | Registration Dist. No. 190 |
| Village or City Obanuard Pk (No. | elche led West: Ward) a hospital or institu- |
| 2 FULL NAME andrew & R. | tion, give its NAME in stead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Mall White Single, MARRIED. WIDOWED. OR DIVORCED (Write the word) | (Month) LOU(Day) 3 (Year) 31 |
| 6 DATE OF BIRTH MCU 18, 1874 (Month) (Day) (Year) | that I last saw h Amalive on 1921. |
| 7 AGE [If LESS than | 1 440 |
| 5 7 yrs. 5 mos. 15 ds. or min. | The CAUSE OF DEATH * was as follows: |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Contributory Secondary (Duntion) Contributory Secondary (Duntion) (Duntion) (Signed) (Signed) *State the Itisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Racent Rasidents) At place of death Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? |
| (Informant) Nary Roberts (Address) Harwood PR. | Former or usual residence |
| 15 Filed Nov. 4 1921 C. Bird Williams | The Howard board 38 totare, |
| If mora bianks are neaded, address Ltata Registra | r 16 W. Saratoga St., Balto., Requasting V. S. No. 1. |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement Housemaid, etc. "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on or yrs). At Home, and children, Compositor, For persons who have no occupation (b) If the occupation has been changed Automobile factory. The material Architect, Salesman, Locomolive engineer, not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainresulting from childbirth or miscarriage as Committee on Chronic etc. valvular heart Nomenclature The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M

| 1. PLACE OF DEATH | |
|--|--|
| County Howard. | Registration Dist. No. 191 |
| Village or City Mayfuld | NoSt.,Ward |
| _ /- | os. ds. How long in U.S. If of foreign birth? yrs. mos. ds. |
| 2. FULL NAME I lenabeth a. | lkur |
| (a) Residence: No. May fully (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OF RACE 5. SINGLE MARRIED, WIDOWED | 21. DATE OF DEATH 7/1-1 = 7 1 |
| Timale White Of DIVORCED Curisethe word) | (Month) (Day) (Yeer) |
| 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of | 22. — I HEREBY CERTIFY, That I attended decessed from |
| William John J. Aprillo | MN 26 ,1937,10 Zu 27 ,19 87 |
| 6. DATE OF BIRTH (month, day, and yases ug 4 1861 | I last saw h alive on |
| 7. AGE Years Months Days If LESS than 1 day, hr | to have occurred on the date stated above, at 10,30 12-m. |
| 70 2 1/23 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Henry Llegia Prince |
| 9. Industry or business in which | ZA Sadi (|
| SAW MILL, BANK, atc. | |
| 10. Date decaased last worked et this occupation (month and year) occupation occupation occupation | |
| 211 | Other Cantributory Canses of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | There orenders to |
| 13. NAME who Mercer | Meddrale |
| 14-BIRTHPLACE (city or town) | Name of operation. |
| (State or country) fram layer | What test confirmed diagnosis? Was there an autopsy? 200 |
| 15. MAIDEN NAME Elques Warfuld 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| E (State or country) ury lung | Where did injury occur? |
| 17. INFORMANT Brue of Mercer | (Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) 6 Elicas City Wy. 18. BURIAL, OREMATION, OR REMOVAK) | |
| Place lettery Cem. Date Nov. 30, 19.3 | Menner of injury |
| Eastmi Son | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER SALOW TOWN | If so, specify |
| 20, FILED In 30 , 19 31 WH Russell | (Signed) Miller M. D. |

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| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| for- | STATE OF MARYLAND | CERTIFICATE OF DEATH 13225 |
|---|---|--|
| 5 S | 1. PLACE OF DEATH County Coward Ce | Registration Dist. No. 195 |
| item or should of OCC | Village or City Davage Tued | No. St., War death occurred in a hospital or institution, give its NAME instead of street and number) |
| ·= ,, | Length of residence in city or town where deeth occurredyrsmos. | |
| Every YSICIANS statement | 2. FULL NAME Mary VT. Willed | ins . |
| | (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| ECOI PH sact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| € × E | 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 7 (Month) (Oay) (Year) |
| NDING SMANEN XACTI classified. | Se. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased fro |
| | 6. DATE OF BIRTH (month, day, and year) July 24, 1931 | 1 193 10 1 7 193 1 193 1 193 1 193 1 193 1 |
| FOR B. IS A PE stated E properly certificate | 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| HIS pe of of | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Lotar Mumoura "/6, |
| K—T] nould may hack | 9 Tradustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| RESE. VG INK AGE sho that it ons on h | O Date deceased last worked at this occupation (month and year) | |
| Z 4 T S | 12. BIRTHPLACE (city or town) Davage (State or country) | Other Contributory Causes of importance: 2 11 |
| ARGIN JNFADI pplied. terms, so instruct | 13. NAME Cason Of Williams | |
| MA H U y sul ain t | 13. NAME Casou C. Welliams 14. BIRTHPLACE (city or town). Za. (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| | 15. MAIDEN NAME Marie & trosmides | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: |
| INCT, When the careful EATH in limportant. | 15. MAIDEN NAME Marie Strosmoles 16. BIRTHPLACE (city or town). (State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| Po Po Po | E (State or country) | Where did Injury occur? |
| | 17. INFORMANT Cason R. Welliains (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 40 | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| on s | Place Tung 92 md Date Mov 7 1991 | Neture of injury |
| -WRITE mation s CAUSE TION is | 19. UNDERTAKE Albyd Kaiser (Address) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 24. Was disease or Injury in any way settled to occupation of deceased? |
| Z B | 20, FILED 11 18/31, 19 Trank Shipley | (Signed) August high |
| 0 | Registrar. If more blanks are needed, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage 1915 Altack of ep 1921 Run over by July 5, 1927 Peritonitis | pal cause of death and related causes nee were as follows: Date of onset |
|---|---|
| Chronic interstitial nephritis 1921 Run over by Cerebral hemorrhage July 5,1927 Peritonitis | ilensu 1 week ago |
| Cerebral hemorrhage July 5,1927 Peritonitis | 1 december 1 |
| DEC 1 193 | street car 1 week ago |
| TRUESAN TR | 3 days ago |
| Other contributory causes of importance: Other cont | ributory causes of importance: |
| Gallstones May 1,1923 Gastroenteri | tis 1 year |